



**PUBLIC WORKS DEPARTMENT  
REGISTRATION FOR BACKFLOW TESTING  
16801 Westgrove Dr. Addison, Texas 75001  
972-450-2827  
Fax 972-716-0834**

Business Name: \_\_\_\_\_

TCEQ BPAT License #: \_\_\_\_\_ BPAT License Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Tester: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Manager of Operations: \_\_\_\_\_

Tester's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Company Name, Texas Incorporation No., Address and Phone (if applicable): \_\_\_\_\_

Do you want to be put on a list that is distributed to customers for backflow testing?    Y    N

Your Completed Application Must Be Submitted With Copies of the Following Documents:

Certificate/License if you are a licensed plumber

Certificate/License if you are a licensed lawn sprinkler contractor

TCEQ BPAT license

If you are a licensed Fire Sprinkler Contractor, a current copy of your company's Fire Sprinkler Certificate of Registration from the Texas Department of Insurance, State Fire Marshall's Office

Current testing gauge calibration report

Confined Space Training Certificate

Payment of \$75.00

I, the undersigned, hereby make application to test cross-connection backflow prevention devices in the Town of Addison, Texas and declare to accept and abide by all pertinent ordinances and regulations in the Town of Addison, Texas. I understand that falsification of any information submitted with this application shall be cause for termination of the cross-connection certification registration, and that this registration shall be renewed on an annual basis for a fee of seventy-five dollars (\$75.00)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Method of Payment:

- ☐ Check
- ☐ Money Order
- ☐ Credit Card
- ☐ Cash

Check/Money Order Number: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Building Inspection Official: \_\_\_\_\_